

Art Therapy, Men and the Expressivity Gap

Robert Trombetta, Philadelphia, PA

Abstract

Men as a discrete subject group and the gender-based nuances of their visual expression is a relatively unexplored art therapy research topic. The author describes a study designed to investigate the lived experience of a male subject in communicating about an episode of major depression, through both verbal communication and associations to visual art produced by the subject. Results of the study illustrate how the client's visual expression was extremely attenuated and impoverished in contrast to his rich, extremely detailed verbal expression. The author suggests that the ways in which male experience is depicted, covered over, denied, and inadvertently revealed merit deeper investigation in the field of art therapy.

Introduction

In researching a study of the visual expression of middle-aged men experiencing major depression, I was struck by the paucity of art therapy research I uncovered that specifically addressed male visual communication styles. There have been, of course, numerous studies devoted to subject groups in which men are a majority, such as sex offenders (Lopez & Carolan, 2001; Naitove, 1988) and prisoners (Liebmann, 1994). These studies address various issues but the gender of the majority of their subjects is a secondary concern. Silver (1993) investigated the ways in which gender distinguishes itself in drawings. She noted that questions about "whether males and females have characteristically different attitudes...are not usually asked by art therapists" (p. 159). Questions regarding gender-based differences in art styles and attitudes apparently remain largely unaddressed.

Men as a discrete subject group and the gender-based nuances of their visual expression would appear to be a rich and relatively unexplored art therapy research topic. As noted, my primary investigational interest is the male experience of major depression. Barbee (1996) published what may be the sole study to date focusing on the use of art therapy with this specific subject group. His study involved examining depression in men in the context of what he terms "sex role expectations" (p. 31). Sex role strain, defined as an attempt by men to live according to societal sex role stereotypes, was implicated in the etiology of the depression suffered by his subjects.

It is a common cultural belief that men are less communicative about emotional problems than are women.

Editor's note: Robert Trombetta, MA, is an art therapist with the North Philadelphia Health System at Girard Medical Center in Philadelphia, PA.

Men are less likely to acknowledge their experiences of mental distress or depression (Barbee, 1996; Heifner, 1997; Kilmartin, 1994). A significant factor in this syndrome may be the social conditioning of many men in Western cultures. Kilmartin (1994) suggested that to be a man is to be "unemotional, task and achievement oriented, aggressive, fearless and status seeking" (p. 11). This conditioning, of course, begins in boyhood. The social conditioning of many boys in the United States involves teaching them, directly or indirectly, to be aggressive in pursuit of their goals and stoic in the face of distress. The containment and denial of distress and emotional upset are part of the learning experience for boys as they grow to manhood (Heifner, 1997; Kilmartin, 1994). To not conform to this gender role is to be weak, subject to domination and dangerously close to femininity. Heifner (1997), in interviewing men for a study on male depression, noted that "the crucial presentation of being strong, successful, in control, capable of handling problems without help, and above showing emotions, except for anger, was a component of all interviews" (p. 12). David and Brannon (as cited in Warren, 1983) succinctly describe four major components of the traditional male sex role: "(1) avoidance of all things feminine, (2) achievement, competence and success, (3) toughness, confidence and self-reliance, and (4) the aura of aggression, violence and daring" (pp. 150-151). To be inwardly directed, empathetic and aware, and outwardly expressive of one's own emotional processes, is a set of behaviors associated with female psychology and socialization. For a boy or a man to display these behaviors is to conform to the gender stereotype of a girl or a woman: weak, emotional, and not fully in control or self-contained.

The denial of weakness and the necessity to retain control over any given situation may lead not only to feelings of emotional pain and distress but also to what is felt to be a dangerous inability or disinclination to expose and express that pain to others (Osherson & Krugman, 1990). The culturally embedded bias against the expression of affective distress by a man is the subject of an oft-cited research study by Hammen and Peters (1978) in which the authors concluded that "it seems reasonable to hypothesize that depressive behaviors on the part of men may frequently result in rejection and negative evaluation by others, and that men, therefore, learn to express their psychological distress in alternative ways" (p. 332).

Rigid ingrained sex roles and the perceived punishment that lies in wait for those who deviate from them may lead men experiencing affective distress to cover over and deny their experience. The strain that results can ultimately find expression in anger, violence, substance abuse, and other

characteristics of a possible male depressive syndrome (Barbee, 1996; Cochran & Rabinowitz, 2000). The different modes by which men and women might express depression or other affects may confound accurate diagnosis. Heifner (1997) noted that "men are diagnosed with clinical depression only when they present symptoms from the symptom pool associated with clinical depression" and that often "men whose lives were in shambles had low scores on standard depression scales" (p. 10). This would seem to point to the necessity of developing new assessment tools designed to take into account what may be particularly male modes of affective expression. The inability to recognize the experience of or to communicate verbally certain affects is sometimes referred to as *alexithymia* (Krystal, 1988). This would appear to be a concept central to the question of how men communicate depression. The prospect that a modality such as art therapy may be useful in addressing some of these issues is implicit in Krystal's statement that "doing psychoanalytic psychotherapy with alexithymic patients inspires such humility in therapists that we are not apt to consider ourselves above accepting help from any quarter if it will enable us to work effectively with these patients" (p. xiii). While alexithymia primarily refers to lacking words to describe feelings, it may also be applied in cases in which words are used defensively to deny, disguise, or reattribute the affects being experienced. Krystal noted, "We find that even in 'healthy-neurotic' patients there may be (or perhaps there inevitably exists) a core of disturbing affects that cannot be verbalized" (p. 8).

Method and Discussion

In order to study the visual expression of depressed men in mid-life, I recruited participants for a phenomenological study. Only one man ultimately responded and participated, despite a reasonably lengthy recruitment period. This man provided demographic data, participated in an open-ended responsive interview and was asked to make drawings, including a symbolic representation of his depression. The interview consisted of a few questions designed to elicit verbal information about the subject's experience both of major depression and its communication to others. The data collected was then subjected to a set of analytic procedures characteristic of phenomenological inquiry (Moustakas, 1994). A brief consideration of the study's results help illuminate some of the points made above regarding the possibly confounding aspects of male affective expression.

John (pseudonym) was a 44-year-old, African American male. He was a high school graduate who worked in construction but was unemployed at the time of the interview. John was divorced with three children: two daughters and a son. The children lived with their mother; John lived alone and was neither married nor involved in a relationship. John had been hospitalized several times with varying diagnoses including bi-polar disorder. John presented as an affable, neatly dressed man who appeared his stated age and made steady eye contact throughout his interview. He answered questions readily but with increasingly pressured speech as the interview continued.

In his interview, John presented himself as a man torn between extremes of anger and violence on the one hand and the desire to love and nurture on the other. John's description of depression was in essence a story of violence and the desire for revenge—both for specific wrongs perpetrated by others as well as a sense of having been wronged by society and the world as a whole. As he claimed he had once advised his son: "You'll do better behaving yourself...because what you'll wind up taking [from me] is the beating the world should take for [expletive] me around." Feelings of desolation, of abandonment and of being a poor provider to his family were converted into anger. Feelings of victimization and a determination to avenge and avoid victimization provided fuel for many incidents of violence in which John reportedly played an essentially innocent part but was forced to respond to the violence or intended exploitation of others. John endured a number of insults to his integrity and self as a child, among them the absence of his father as well as several instances of sexual molestation visited upon him when he was about 8 years old and again a few years later, at about age 11. The incidents of sexual molestation were described in much less detail than the many physical fights. John identified his lack of an available father figure as a painful deficit. He felt that he could not go to his mother when he was first molested for fear she would hurt his victimizers, go to jail, and leave John and his siblings in foster care. John felt that he learned to "keep things to [his] damned self" as a result of these fears.

For many years he alternated between being a class clown and a volatile ball of rage. Later, this oscillation of personae evolved into a self-perceived good/bad split—the figure that appears in his drawing of depression (Figure 1). The "good guy" nurtures children, his own and others. The "bad guy" is the Angry Man—the one with the hot temper and vulnerable sense of self.

John modulated his self-presentation somewhat by noting his increasing appreciation of the need to speak, reveal, and unburden himself. He expressed a desire to kill or at least "place in cold storage" the Angry Man persona. This desire appears important as part of John's program to "speak" about the problems instead of keeping them in and then giving random strangers, or his own son, the "beating that the world deserves for [expletive] me around." Self-destruction is another danger: John wants to grow and to kill his Angry Man without also killing himself. John has, in reality, tried to kill himself several times, but "not anymore." (John was particularly concerned about the legacy this would leave for his son, who might become the new Angry Man as a result.)

Asked to depict his depression visually, John chose to draw, in a most minimal fashion, his dual personae of the "good" and "bad" man (Figure 1). He picked as his media a colored marker, a highly structured medium that allows control. The marker was black, "because that's the feeling I'm drawing." John's approach was diagrammatic. He rendered the split he had been trying to verbalize as though it were a blackboard illustration during a lecture. Sadness appears in the down-turned expression of the figure de-

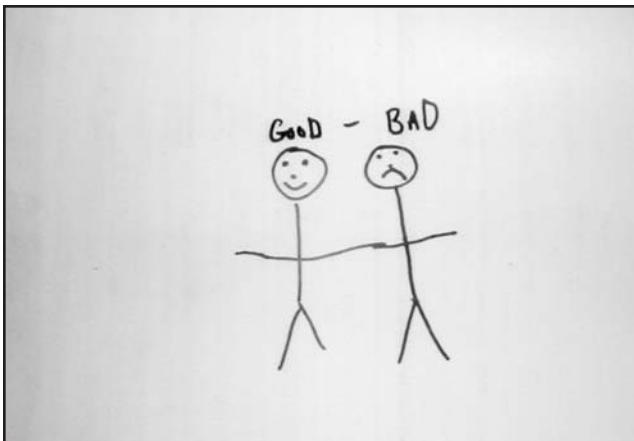


Figure 1

scribed (and labeled) as "bad." Although John repeatedly referred to the angry man as "stuck" to the good John like a conjoined twin, the drawing depicts them as being only tentatively joined, barely touching or holding hands. "Good" John's hand rests lightly on the outstretched hand of the bad figure; both his hand and his smile appear as offerings to the distressed other. John affirmed that the figures did not really appear to be two figures conjoined by stating "That's one person." In Jungian terms, this image is his "shadow" (Jung, 1956/1970), with which he instinctively knows he must make peace. This, despite his frequent avowals of the desire to "cut off his head" and "kill him forever" are clues to the ambivalence with which John must regard such an intrinsic and damaged part of himself. For such a powerful figure, the Angry Man does not have a powerful visual presence. He, like his good counterpart, is a stick figure. His expression could be more easily read as sad than angry. There is tenderness in this portrayal of "twins" almost totally absent from John's verbal considerations of himself as a whole being. His visual expression was extremely attenuated and impoverished in contrast to his rich, extremely detailed verbal expression, and he limited himself both in media and technique so as to maintain his defenses to the highest degree possible.

Yet this tender connection between two parts of a self—a male self—resonates with me and prompts these reflections. Art therapists have explored the discordance between visual expression and verbal association since the beginning of the practice, of course. But the specific ways in which male experience is depicted, covered over, denied, and inadvertently revealed merit deeper investigation.

Conclusion

Further research should attempt to look more closely at how the male experience emerges from a matrix of cultural and social forces. If some cultures privilege emotional expression and others discourage it, we might examine how this influences an individual's emotional processing and expression in art therapy. If men are considered to be expressively limited because of a horror of appearing emotional (i.e., feminine and therefore, subtextually, homosexual),

then might gay men be more willing to explore affects, either verbally or through visual means, than heterosexual men? Are there forms of visual expression with which men in our society are more intrinsically comfortable, or at least more comfortable in attempting to use? In my practice, I have noticed how often comics, tattoos, and graffiti-style imagery appear in the work of men not overly given to self-disclosure. Additionally, the use of clay or similar three-dimensional media might allow for the expression and release of precisely those aggressive impulses that have been affiliated with the male depressive experience. Such projective drawing exercises as the scribble drawing (Rubin, 1984), in which kinesthetic discharge of energy is followed by reflection and embellishment, also might be suited to male clients in helping to contain anxiety and to discharge and transform aggression. This might enable male clients to relinquish some need for control. On the other hand, the need to maintain control could be supported by limiting the expressive choices. It is worth noting in this context that Barbee (1996) limited his subjects to the use of a #2 pencil and a small sheet of plain white paper.

The interplay of culture, art, and expressivity is a rich and intricate one. Art therapy, a relatively young and female-dominated discipline, has barely scratched the surface of some of these questions. It behooves us to pursue some answers. The "bad" man may be waiting for the outstretched hand, for the touch and understanding.

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